

Case Summary

Case Number: MER L-001276-20

Case Caption: Locke, 254057B/Ciw-2 Edward Vs Zolack Joe

Court: Civil Part

Venue: Mercer

Case Initiation Date: 07/13/2020

Case Type: Personal Injury

Case Status: Active

Jury Demand: None

Case Track: 2

Judge: Douglas H Hurd

Team: 50

Original Discovery End Date:

Current Discovery End Date:

of DED Extensions: 0

Original Arbitration Date:

Current Arbitration Date:

of Arb Adjournments: 0

Original Trial Date:

Current Trial Date:

of Trial Date Adjournments: 0

Disposition Date:

Case Disposition: Open

Statewide Lien:

Plaintiffs

Edward Locke, 254057B/Ciw-2 AKA 254057B/Ciw-210

Party Description: Individual

Attorney Name: Michael Poreda

Address Line 1: 168 Frontage Road, P.O. Box 2300

Address Line 2:

Attorney Bar ID: 025492010

City: Newark

State: NJ

Zip: 07114

Phone:

Attorney Email: POREDA@POREDALAW.COM

Defendants

Amir Shakir

Party Description: Individual

Attorney Name:

Address Line 1:

Address Line 2:

Attorney Bar ID:

City: Newark

State: NJ

Zip: 00000

Phone:

Attorney Email:

Joe Zolack

Party Description: Individual

Attorney Name:

Address Line 1:

Address Line 2:

Attorney Bar ID:

City: Newark

State: NJ

Zip: 00000

Phone:

Attorney Email:

Case Actions

Filed Date	Docket Text	Transaction ID	Entry Date
07/13/2020	Affidavit Of Indigency for MER-L-001276-20 submitted by EDWARD LOCKE, 254057B/CIW-210, on behalf of EDWARD LOCKE, 254057B/CIW-2 against JOE ZOLACK, AMIR SHAKIR	LCV20201249149	07/20/2020
07/20/2020	Order For Indigency - GRANTED by Judge HURD, DOUGLAS, H	LCV20201250160	07/20/2020
07/20/2020	Complaint uploaded by Case Management Staff submitted by EDWARD LOCKE, 254057B/CIW-2	LCV20201250402	07/20/2020
07/21/2020	TRACK ASSIGNMENT Notice submitted by Case Management	LCV20201255878	07/21/2020
11/05/2020	Summons uploaded by Case Management Staff submitted by EDWARD LOCKE, 254057B/CIW-2	LCV20202004240	11/06/2020
11/28/2020	LACK OF PROSECUTION DISMISSAL WARNING Notice submitted by Case Management	LCV20202155021	11/28/2020
11/23/2020	Substitute Attorney uploaded by Case Management Staff submitted by MICHAEL POREDA	LCV20202238846	12/09/2020
12/22/2020	GENERAL CORRESPONDENCE submitted by POREDA, MICHAEL of WRONKO LOEWEN BENUCCI on behalf of EDWARD LOCKE, 254057B/CIW-2 against AMIR SHAKIR, JOE ZOLACK	LCV20202332709	12/22/2020
01/14/2021	CORRECTED: PROOF OF SERVICE submitted by POREDA, MICHAEL of WRONKO LOEWEN BENUCCI on behalf of EDWARD LOCKE, 254057B/CIW-2 against JOE ZOLACK	LCV2021103793	01/14/2021
01/14/2021	CORRECTION: re: [LCV2021103793] PROOF OF SERVICE submitted by POREDA, MICHAEL of WRONKO LOEWEN BENUCCI on behalf of EDWARD LOCKE, 254057B/CIW-2 against JOE ZOLACK Filing Type has been changed to SUMMONS by Case Management Staff	LCV2021104403	01/14/2021

July 10, 2020

RECEIVED

JUL 13 2020

SUPERIOR COURT OF NEW JERSEY
MERCER VICTORIAL
CIVIL DIVISION

Edward Locke
254057B/CIW-210
168 Frontage Road
P.O. Box 2300
Newark, New Jersey 07114

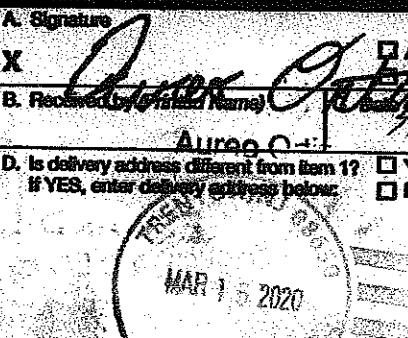
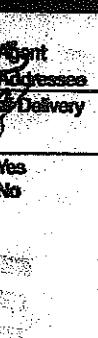
Mercer Superior Court
Civil Division
P.O. Box 08650

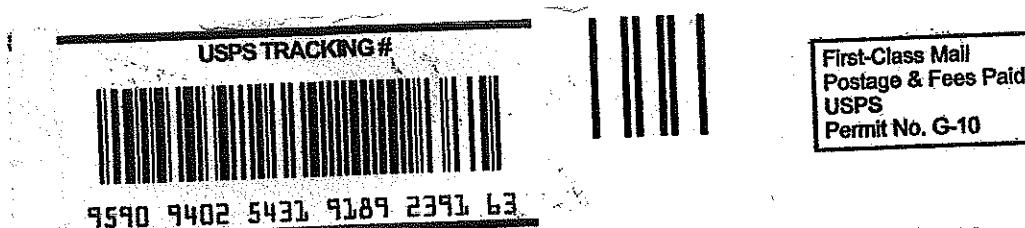
Hello Deputy Clerk,

Enclosed are three (3) copies of my complaint to be filed. May you send me a stamped filed copy with the docket number, to the forwarding address on the envelope, once received?

Also, enclosed is a copy of the return receipt signed by Aureo Ortiz, showing that I had sent out on March 9, 2020, to be filed with the courthouse. But because of the pandemic, it brought about havoc, throughout the nations. I thank you for your time, support, and attention to this matter.

Kind regards,
Edward Locke

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p>B. Received by (Last Name) </p> <p>C. Addressed to:</p> <p>DEPUTY CLERK-SUPERIOR CT, LOCAL OFFICE FILING, COURTHOUSE 175 S. BROAD STR., P.O. BOX 2648 TRENTON, N.J. 08650</p> <p>D. Is delivery address different from Item C? <input type="checkbox"/> Yes If YES, enter delivery address below: </p>	
<p>1. Article Addressed to:</p> <p>DEPUTY CLERK-SUPERIOR CT, LOCAL OFFICE FILING, COURTHOUSE 175 S. BROAD STR., P.O. BOX 2648 TRENTON, N.J. 08650</p> <p>9590 9402 5431 9189 2391 63</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <small>(sorted Mail)</small> <input type="checkbox"/> Signature Confirmation Restricted Delivery <small>(sorted Mail Restricted Delivery ver 5500)</small></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7011 1150 0001 7089 3132</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

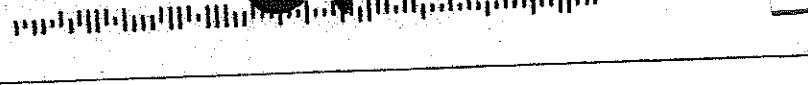


United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

**EDWARD LOCKE
254057B/CIW-210
168 FRONTAGE ROAD
P.O. BOX 2300
[REDACTED] NEWARK, N.J. 07114**

CIW-210



Form A

Plaintiff or Filing Attorney Information:

Name EDWARD LOCKE - 254057B

NJ Attorney ID Number _____

Address 168 FRONTAGE RD., P.O.BOX 2300
NEWARK, NEW JERSEY 07114

Telephone Number _____

RECEIVED

JUL 13 2020

SUPERIOR COURT OF NJ
MERCER VICINAGE
CIVIL DIVISION

EDWARD LOCKE

, Plaintiff,

JOE ZOLACK, AMIR SHAKIR

, Defendant(s).

Superior Court of New Jersey

LAW Division MERCER County
CIVIL Part

Docket No: _____

(to be filled in by the court)

Civil Action

Complaint

Plaintiff, EDWARD LOCKE

(your name)

168 FRONTAGE RD, P.O.BOX 2300

(your address)

County of ESSEX
(your county)

, residing at

, City of NEWARK, NEW JERSEY 07114

(your city or town)

State Of New Jersey, complaining of defendant, states as follows:

1. On APR. 20, 2018, JOE ZOLACK, Defendant
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

JOE ZOLACK KICKED OPEN A DOOR AS I WAS ON THE OTHER SIDE ABOUT
TO ENTER. THIS WAS AT THE TMC EXIT DOOR WHICH ALLOW ONE IN
AND OUT OF THE BUILDING, AT AROUND 11:45AM ON APRIL 20, 2018
THIS OCCURRED. THIS REQUIRES FORCE AS THIS DOOR IS HEAVY. WITH
MY REFLEX I BLOCKED THE DOOR WITH MY ARM,

The defendant in this action resides at TRENTON STATE PRISON, P.O. BOX, TRNTO, N.J.
(defendant's address)

In the County of MERCER, State of New Jersey.
(name of county where defendant lives)

2. Plaintiff is entitled to relief from defendant under the above facts.

Form A

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. I SEEK COMPENSATORY DAMAGES, I LOST A PIECE OF MY BONE, AND TWO WEEKS OF WORK PAY, THERE WAS PAIN AND SUFFERING, OF THE FRACTURE BONE PIERCING MY FLESH UPON ANY MOVEMENT.
2. I SEEK PUNITIVE DAMAGES, JOE ZOLACK ACTIONS WERE RECKLESS OR CALLOUS IN DIFFERENCE, THERE'S A WINDOW IN THE DOOR, WHICH GIVE CLEARANCE TO SEE I WAS ON THE OTHER SIDE, HE KICKED OPEN THE DOOR, KNOWING THE DOOR COULD HURT ME.
3. HERE I SEEK PUNITIVE AND COMPENSATORY DAMAGES, ORTHOPEDIC AMIR SHAKIR ILLEGALLY DENIED MEDICAL TREATMENT, HE WAS AWARE OF MY INJURY, HE EXAMINED AND DETERMINED THE FRACTURE AND FLUID, HOWEVER, HE DID NOT PERFORM SURGERY UNTIL FILED GRIEVANCES.

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: Mar. 9, 2020 Signature: Edward Locke

CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: Mar 9, 2020 Signature: Edward Locke

OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: Mar 9, 2020 Signature: Edward Locke

NOTICE: This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number or active financial account or credit card number. This document as submitted will be available to the public upon request.

Name EDWARD LOCKE - Z54057B
 Address 168 FRONTAGE RD, P.O.BOX 2300
NEWARK, NEW JERSEY 07104

Telephone Number _____
 Email Address _____

EDWARD LOCKE, _____

SUPERIOR Court of New Jersey
MERCER County (if applicable)
 Docket Number: _____

Plaintiff(s)/Appellant(s),
JOE ZOLACK, AMIR SHAKIR
Defendant(s)/Respondent(s).

**Certification/Petition/Application in
 Support of a Fee Waiver**

I/We, EDWARD LOCKE, am/are the
 (Check plaintiff(s) / appellant(s) / defendant(s) / respondent(s)) in the above-captioned matter and
 I/we make this certification in support of my/our request for a filing fee waiver pursuant to Rule 1:13-2
 or Rule 2:7-1.

1. I/We am requesting this relief because I/we do not have sufficient funds or assets with which to pay the filing fees associated with this action.
2. I/We, am/ am not/ are/ are not an inmate in State prison or County Jail.*

***Attachments necessary:** If you are a state prison or county jail inmate, you must attach a certified copy of your prisoner's fund account statement from the appropriate correctional institution for the six months immediately preceding the date of this application. If you are requesting a waiver of the partial filing fee requirement set forth in N.J.S.A. 30:4-16.3, you must attach an affidavit of special circumstances.

3. I have been determined to be eligible for one or more of the following: (Check applicable boxes)
 - Public Assistance (please provide your most recent award statement as proof of eligibility);
 - Social Security Disability (please provide your most recent award statement as proof of eligibility)
4. Below is an accurate and full disclosure of my financial situation. I financially support _____ dependents (not including myself). (A dependent is an individual who is a child or relative who resides in the home and relies on you for more than half of his/her support for any given calendar year)

Attachments necessary:

Provide two months of documentation for the following:

- Welfare, Public Assistance, Unemployment, Disability, Social Security, Child Support/Alimony, other income.

Provide six months of bank statements for the following:

- All bank accounts.

5. I/we am/ am not/ are/ are not claimed as a dependent on someone else's tax return

Employer's Name, Address and Telephone Number:

Complete the Following Information:

Net Monthly Income	\$ 27,30	House(s)/Land Market Value	\$ —
Spousal/Cohabitant Contribution	\$ —	Value of All Motor Vehicles	\$ —
Unemployment/Disability	\$ —	Cash	\$ —
Social Security	\$ —	Current Balance Checking Accts.	\$ —
Veterans Administration	\$ —	Current Balance Savings Accts.	\$ —
Pension	\$ —	Civil Judgment Awards/Pending	\$ —
Public Subsidies	\$ —	Current Value of Stocks/Bonds	\$ —
Child Support/Alimony	\$ —	Face Value of CDs/IRAs/401Ks	\$ —
Housing Subsidies	\$ —	Money Market Accounts	\$ —
Trust Fund Income	\$ —	Retrievable Bail Amt. & Location	\$ —
Income from Rental Properties	\$ —	Other Assets	\$ —
Total Monthly Income	\$ 27,30 0.00		Total Assets \$ 0 0.00

6. I/We understand that I/we am/are under a continuing obligation to notify the court of a change in my financial situation

Certification

I/We certify that the foregoing statements made by me/us are true. I/We am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

I/We further certify that in accordance with Court Rule 1:38-7(b) all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers.

Mar-9, 2020
Date

EDWARD LOCKE
Print your name(s)

Edward Locke
Signature(s)

NOTICE: This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number or active financial account or credit card number. This document as submitted will be available to the public upon request.

Name EDWARD LOCKE - 254057B
 Address 168 FRONTAGE RD, P.O.BOX
2300 NEWARK, N.J. 07114
 Telephone Number _____
 Email Address _____

SUPERIOR Court of New Jersey
MERCER County (if applicable)
 Docket Number: _____

EDWARD LOCKE

Plaintiff(s)/Appellant(s),

JOE ZOLACK, v.
AMIR SHAKIR

Order Waiving Filing Fees

Defendant(s)/Respondent(s).

This matter having been brought before the court on application of EDWARD LOCKE,
 plaintiff(s) / appellant(s) / defendant(s) / respondent(s) for an Order waiving filing fees
 pursuant to Rule 1:13-2 or Rule 2:7-1, and the Court having considered the moving party's financial
 information, the matter and for good cause appearing:

(Do not write below this line, For Court Use Only)

It is on this _____ day of _____, 20____, ORDERED that the application for a fee waiver is

Granted Denied



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for Initial Law Division
Civil Part pleadings (not motions) under Rule 4:5-1.
Pleading will be rejected for filing, under Rule 1:5-6(c),
if information above the black bar is not completed
or attorney's signature is not affixed

FOR USE BY CLERK'S OFFICE ONLY	
PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA	
Che/CK NO.	
AMOUNT:	
OVERPAYMENT:	
BATCH NUMBER:	

ATTORNEY/PRO SE NAME EDWARD LOCKE	TELEPHONE NUMBER	COUNTY OF VENUE MERCER
FIRM NAME (if applicable)	DOCKET NUMBER (when available)	
OFFICE ADDRESS	DOCUMENT TYPE	
NAME OF PARTY (e.g., John Doe, Plaintiff) JOE ZOLACK	JURY DEMAND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No	
CASE TYPE NUMBER (See reverse side for listing) 605	CAPTION EDWARD LOCKE v. JOE ZOLACK, AMIR SHAKIR, ET AL.	
RELATED CASES PENDING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN	

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER (explain)
---	--

DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? Yes No

USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION

DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION
Will an interpreter be needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, FOR WHAT LANGUAGE?

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

ATTORNEY SIGNATURE:

July 10, 2020

RECEIVED

JUL 13 2020

SUPERIOR COURT OF NEW JERSEY
MERCER VICTORIAL
CIVIL DIVISION

Edward Locke
254057B/CIW-210
168 Frontage Road
P.O. Box 2300
Newark, New Jersey 07114

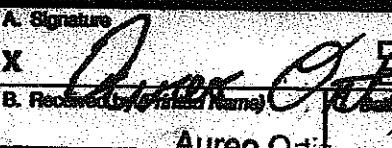
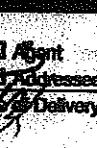
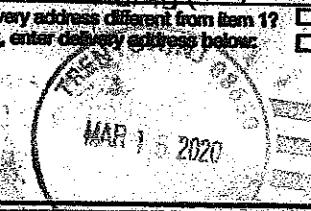
Mercer Superior Court
Civil Division
P.O. Box 08650

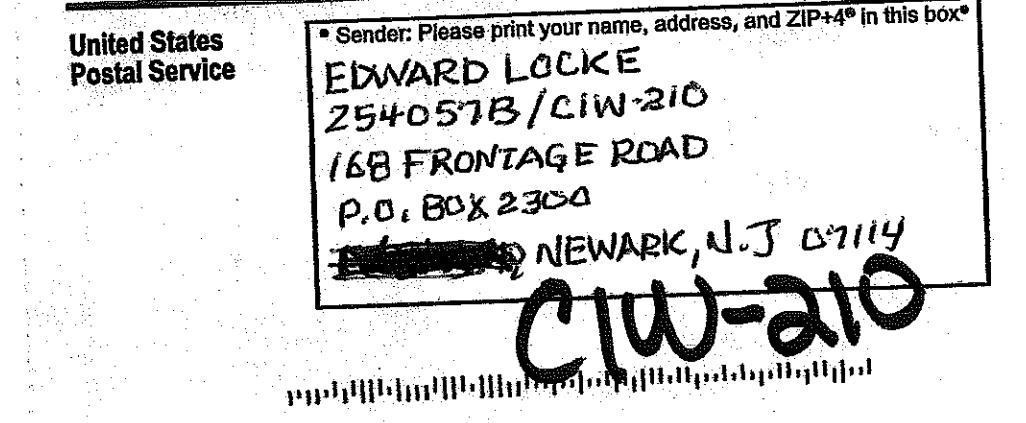
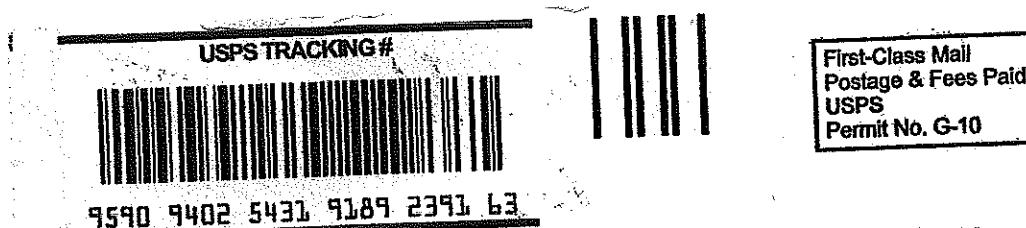
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Kind regards,
Edward Locke

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<ul style="list-style-type: none">■ Complete Items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to: DEPUTY CLERK-SUPERIOR CT, Local Office Filing, Courthouse 175 S. BROAD STR., P.O. BOX 2648 TRENTON, N.J. 08650	
 9590 9402 5431 9189 2391 63	
2. Article Number (Transfer from service label) 7011 1150 0001 7089 3132	
PS Form 3811, July 2015 PSN 7530-02-000-9053	
DOMESTIC RETURN RECEIPT	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature 	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Return Receipt Delivery	
B. Received by (Last Name) 	
C. Date (MM DD YYYY)  MAY 1 2021	
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
E. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery ver 9500 <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	



Form A

Plaintiff or Filing Attorney Information:

Name EDWARD LOCKE - 254057B

NJ Attorney ID Number _____

Address 168 FRONTAGE RD., P.O.BOX 2300
NEWARK, NEW JERSEY 07114

Telephone Number _____

RECEIVED

JUL 13 2020

SUPERIOR COURT OF NJ
MERCER VICINAGE
CIVIL DIVISION

EDWARD LOCKE

, Plaintiff,

v.
JOE ZOLACK, AMIR SHAKIR

, Defendant(s).

Superior Court of New Jersey

LAW Division MERCER County
CIVIL Part

Docket No: _____

(to be filled in by the court)

Civil Action

Complaint

Plaintiff, EDWARD LOCKE

(your name)

168 FRONTAGE RD, P.O.BOX 2300

(your address)

County of ESSEX
(your county)

, residing at

, City of NEWARK, NEW JERSEY 07114
(your city or town)

State Of New Jersey, complaining of defendant, states as follows:

1. On APR. 20, 2018, JOE ZOLACK, Defendant
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

JOE ZOLACK KICKED OPEN A DOOR AS I WAS ON THE OTHER SIDE ABOUT TO ENTER. THIS WAS AT THE TMC EXIT DOOR WHICH ALLOW ONE IN AND OUT OF THE BUILDING, AT AROUND 11:45AM ON APRIL 20, 2018 THIS OCCURRED. THIS REQUIRES FORCE AS THIS DOOR IS HEAVY. WITH MY REFLEX I BLOCKED THE DOOR WITH MY ARM,

The defendant in this action resides at TRENTON STATE PRISON, P.O. BOX, TRNTO, N.J.
(defendant's address)

In the County of MERCER, State of New Jersey.
(name of county where defendant lives)

2. Plaintiff is entitled to relief from defendant under the above facts.

Form A

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. I SEEK COMPENSATORY DAMAGES, I LOST A PIECE OF MY BONE, AND TWO WEEKS OF WORK PAY, THERE WAS PAIN AND SUFFERING, OF THE FRACTURE BONE PIERCING MY FLESH UPON ANY MOVEMENT.
2. I SEEK PUNITIVE DAMAGES, JOE ZOLACK ACTIONS WERE RECKLESS OR CALLOUS IN DIFFERENCE, THERE'S A WINDOW IN THE DOOR, WHICH GIVE CLEARANCE TO SEE I WAS ON THE OTHER SIDE, HE KICKED OPEN THE DOOR, KNOWING THE DOOR COULD HURT ME.
3. HERE I SEEK PUNITIVE AND COMPENSATORY DAMAGES, ORTHOPEDIC AMIR SHAKIR ILLEGALLY DENIED MEDICAL TREATMENT, HE WAS AWARE OF MY INJURY, HE EXAMINED AND DETERMINED THE FRACTURE AND FLUID, HOWEVER, HE DID NOT PERFORM SURGERY UNTIL FILED GRIEVANCES.

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: Mar. 9, 2020 Signature: Edward Locke

CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: Mar 9, 2020 Signature: Edward Locke

OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: Mar 9, 2020 Signature: Edward Locke

NOTICE: This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number or active financial account or credit card number. This document as submitted will be available to the public upon request.

Name EDWARD LOCKE - Z54057B
Address 168 FRONTAGE RD, P.O.BOX 2300
NEWARK, NEW JERSEY 07104

Telephone Number _____
Email Address _____

EDWARD LOCKE, _____

SUPERIOR Court of New Jersey
MERCER County (if applicable)
Docket Number: _____

Plaintiff(s)/Appellant(s),

JOE ZOLACK, v.
AMIR SHAKIR

Defendant(s)/Respondent(s).

**Certification/Petition/Application in
Support of a Fee Waiver**

I/We, EDWARD LOCKE, am/are the
(plaintiff(s) / appellant(s) / defendant(s) / respondent(s)) in the above-captioned matter and
I/we make this certification in support of my/our request for a filing fee waiver pursuant to Rule 1:13-2
or Rule 2:7-1.

1. I/We am requesting this relief because I/we do not have sufficient funds or assets with which to pay the filing fees associated with this action.
2. I/We, am/ am not/ are/ are not an inmate in State prison or County Jail.*

***Attachments necessary:** If you are a state prison or county jail inmate, you must attach a certified copy of your prisoner's fund account statement from the appropriate correctional institution for the six months immediately preceding the date of this application. If you are requesting a waiver of the partial filing fee requirement set forth in N.J.S.A. 30:4-16.3, you must attach an affidavit of special circumstances.

3. I have been determined to be eligible for one or more of the following: (Check applicable boxes)
 Public Assistance (please provide your most recent award statement as proof of eligibility);
 Social Security Disability (please provide your most recent award statement as proof of eligibility)
4. Below is an accurate and full disclosure of my financial situation. I financially support _____ dependents (not including myself). (A dependent is an individual who is a child or relative who resides in the home and relies on you for more than half of his/her support for any given calendar year)

Attachments necessary:

Provide two months of documentation for the following:

- Welfare, Public Assistance, Unemployment, Disability, Social Security, Child Support/Alimony, other income.

Provide six months of bank statements for the following:

- All bank accounts.

5. I/we am/ am not/ are/ are not claimed as a dependent on someone else's tax return

Employer's Name, Address and Telephone Number:

Complete the Following Information:

Net Monthly Income	\$ 27,30	House(s)/Land Market Value	\$ —
Spousal/Cohabitant Contribution	\$ —	Value of All Motor Vehicles	\$ —
Unemployment/Disability	\$ —	Cash	\$ —
Social Security	\$ —	Current Balance Checking Accts.	\$ —
Veterans Administration	\$ —	Current Balance Savings Accts.	\$ —
Pension	\$ —	Civil Judgment Awards/Pending	\$ —
Public Subsidies	\$ —	Current Value of Stocks/Bonds	\$ —
Child Support/Alimony	\$ —	Face Value of CDs/IRAs/401Ks	\$ —
Housing Subsidies	\$ —	Money Market Accounts	\$ —
Trust Fund Income	\$ —	Retrievable Bail Amt. & Location	\$ —
Income from Rental Properties	\$ —	Other Assets	\$ —
Total Monthly Income	\$ 27,30 0.00	Total Assets	\$ 0 0.00

6. I/We understand that I/we am/are under a continuing obligation to notify the court of a change in my financial situation

Certification

I/We certify that the foregoing statements made by me/us are true. I/We am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

I/We further certify that in accordance with Court Rule 1:38-7(b) all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers.

Mar-9, 2020
Date

EDWARD LOCKE
Print your name(s)

Edward Locke
Signature(s)

NOTICE: This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number or active financial account or credit card number. This document as submitted will be available to the public upon request.

Name EDWARD LOCKE - 254057B
Address 168 FRONTAGE RD, P.O.BOX
2300 NEWARK, N.J. 07114
Telephone Number _____
Email Address _____

SUPERIOR Court of New Jersey
MERCER County (if applicable)
Docket Number: _____

EDWARD LOCKE

Plaintiff(s)/Appellant(s),

JOE ZOLACK, v.
AMIR SHAKIR

Order Waiving Filing Fees

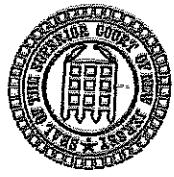
Defendant(s)/Respondent(s).

This matter having been brought before the court on application of EDWARD LOCKE,
(plaintiff(s) / appellant(s) / defendant(s) / respondent(s)) for an Order waiving filing fees
pursuant to Rule 1:13-2 or Rule 2:7-1, and the Court having considered the moving party's financial
information, the matter and for good cause appearing:

(Do not write below this line, For Court Use Only)

It is on this _____ day of _____, 20____, ORDERED that the application for a fee waiver is

Granted Denied



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for Initial Law Division
Civil Part pleadings (not motions) under Rule 4:5-1.
Pleading will be rejected for filing, under Rule 1:5-6(c),
if information above the black bar is not completed
or attorney's signature is not affixed

FOR USE BY CLERK'S OFFICE ONLY	
PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA	
Che/CK NO.	
AMOUNT:	
OVERPAYMENT:	
BATCH NUMBER:	

ATTORNEY/PRO SE NAME EDWARD LOCKE	TELEPHONE NUMBER	COUNTY OF VENUE MERCER
FIRM NAME (if applicable)		DOCKET NUMBER (when available)
OFFICE ADDRESS		DOCUMENT TYPE
		JURY DEMAND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No
NAME OF PARTY (e.g., John Doe, Plaintiff) JOE ZOLACK	CAPTION EDWARD LOCKE v. JOE ZOLACK, AMIR SHAKIR, ET AL.	
CASE TYPE NUMBER (See reverse side for listing) 605	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	
RELATED CASES PENDING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, LIST DOCKET NUMBERS	
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input checked="" type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN	

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS
---	--

DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? Yes No

USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION

DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION
Will an interpreter be needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, FOR WHAT LANGUAGE?

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

ATTORNEY SIGNATURE:

PREPARED BY THE COURT

Edward Locke, 254057B/CIW-210,	SUPERIOR COURT OF NEW JERSEY
Plaintiff,	MERCER COUNTY
vs.	Docket No. Mercer – L-1276-20
Joe Zolack and Amir Shakir,	Civil Action
Defendants	ORDER FOR WAIVER OF FEES

THIS MATTER being opened to the Court by **Edward Lock, 254057B/CIW-210**, is seeking a waiver of filing fees on the grounds of indigency; and the Court having reviewed the papers submitted in support of this application for a declaration of indigency and the waiver of filing fees pursuant to R. 1:13-2 or R. 2:7-1 and in conjunction with AOC Directive #03-17,

IT IS on this 20th day of July 2020, **ORDERED** that the application is:

X **GRANTED:** All fees related to the filing shall be waived. The applicant is responsible for any costs associated with the service and/or advertising/publishing of any complaint. If applicant is awarded more than \$2000 in this case, the applicant is responsible to repay any and all fees waived as determined by the court.

 DENIED:

 Failure to establish household income is below 150% of the federal poverty level and/or that applicant has no more than \$2500 in liquid assets;

 Failure to produce most recent award statement of proof of eligibility for public assistance and/or social security disability;

 Failure to produce two (2) months of documentation for welfare, public assistance, unemployment, disability, social security, child support/alimony or other income; and/or failure to produce six (6) months of all bank account statements;

 The court finds that the complaint, application, motion, appeal, petition or other filing is frivolous or malicious or constitutes an abuse of process.

IT IS FURTHER ORDERED that the applicant shall serve a copy of this Order on all parties within seven (7) days from the date of this Order. This order expires one year after the final disposition of the case/judgment. If filed on appeal, the provisions of Rule 2:7-4 shall apply. Once the fee waiver has expired, the litigant is required to file another request for any further waiver of fees in this matter.

/s/ Douglas H. Hurd

DOUGLAS H. HURD, P.J. CV.

WLB
WRONKO LOEWEN BENUCCI
Attorneys at Law

JAMES R. WRONKO
JAMES V. LOEWEN
MARCO M. BENUCCI

KEVIN P. HEWITT, JR.*
MICHAEL POREDA ♦

* Member of MI Bar
♦ Member of NY Bar

OF COUNSEL
GILBERT G. MILLER

website: www.newjerseylawyer.org
main email: WLB@newjerseylawyer.org

69 GROVE STREET
SOMERVILLE, NJ 08876
TEL: (908) 704-9200
FAX: (908) 704-9291

1130 U.S 202, SUITE A/7
RARITAN, NJ 08869
TEL: (908) 393-6445
FAX: (908) 393-6447

Please reply to Somerville

December 22, 2020

Mercer County Sheriff's Office
Civil Process Unit
Mercer County Court House
175 South Broad Street
Trenton, NJ 08650

Re: Edward Locke v. Joseph Wszolek
Docket No. MER-L-1276-20

Dear Sheriff:

Enclosed are 2 summons and the Complaint in this case to be served on Defendant Joseph Wszolek. I am also enclosing the court's order granting the Plaintiff's petition to waive fees.

It is my understanding that Plaintiff Edward Locke previously sent you materials for service and that your office attempted to serve Joseph Wszolek at New Jersey State Prison but were told that he did not work there, as your office filed an affidavit stating that Wszolek was not known at New Jersey State Prison. That was not true; public records state that Mr. Wszolek works at New Jersey State Prison, and I have spoken with two Department of Corrections administrators who have confirmed that Mr. Wszolek did, and still does, work at New Jersey State Prison.

To avoid future confusion, New Jersey State Prison asks that you contact its Litigation Coordinator, Fathom Borg, to schedule delivery of the summons. Ms. Borg can be contacted at (609) 292-9700 ext. 4606. New Jersey State Prison's address is 600 Cass Street, Trenton, NJ 08608.

The court has placed an order on the docket requiring that an affidavit of service be filed by January 26, 2021. If there is going to be a delay, or if there are any other problems with service, please contact me.

Cc: Fathom Borg (via U.S. Mail)
Judge Douglas Herd (via E-courts)

Sincerely,



MICHAEL POREDA

MERCER COUNTY COURTHOUSE
CIVIL CASE MANAGEMENT OFFICE
175 SOUTH BROAD ST P O BOX 8068
TRENTON NJ 08650-0068

DISMISSAL NOTICE

TELEPHONE - (609) 571-4200 EXT. 74432, NANCY NOCELLA TEAM 050
COURT HOURS: 8:30 AM - 4:30 PM

DATE: NOVEMBER 27, 2020
RE: LOCKE, 254057B/CIW-2 EDWARD VS ZOLACK JOE
DOCKET: MER L -001276 20
PARTY: A SHAKIR J ZOLACK

PLEASE TAKE NOTICE THAT ON JANUARY 26, 2021 (60 DAYS FROM DATE OF THIS NOTICE), THE COURT WILL DISMISS THE ABOVE PARTY OR PARTIES FOR LACK OF PROSECUTION WITHOUT PREJUDICE, PURSUANT TO RULE 1:13-7 OR RULE 4:43-2 UNLESS ACTION REQUIRED UNDER THE ABOVE RULES IS TAKEN.

HON DOUGLAS H. HURD
254057B/CIW-2

BOX 2300

JUDGE

EDWARD LOCKE,
168 FRONTAGE ROAD, P.O.
NEWARK NJ 07114

PREPARED BY THE COURT

Edward Locke, 254057B/CIW-210,	SUPERIOR COURT OF NEW JERSEY
Plaintiff,	MERCER COUNTY
vs.	Docket No. Mercer – L-1276-20
Joe Zolack and Amir Shakir,	Civil Action
Defendants	ORDER FOR WAIVER OF FEES

THIS MATTER being opened to the Court by **Edward Lock, 254057B/CIW-210**, is seeking a waiver of filing fees on the grounds of indigency; and the Court having reviewed the papers submitted in support of this application for a declaration of indigency and the waiver of filing fees pursuant to R. 1:13-2 or R. 2:7-1 and in conjunction with AOC Directive #03-17,

IT IS on this 20th day of July 2020, **ORDERED** that the application is:

X **GRANTED:** All fees related to the filing shall be waived. The applicant is responsible for any costs associated with the service and/or advertising/publishing of any complaint. If applicant is awarded more than \$2000 in this case, the applicant is responsible to repay any and all fees waived as determined by the court.

 DENIED:

 Failure to establish household income is below 150% of the federal poverty level and/or that applicant has no more than \$2500 in liquid assets;

 Failure to produce most recent award statement of proof of eligibility for public assistance and/or social security disability;

 Failure to produce two (2) months of documentation for welfare, public assistance, unemployment, disability, social security, child support/alimony or other income; and/or failure to produce six (6) months of all bank account statements;

 The court finds that the complaint, application, motion, appeal, petition or other filing is frivolous or malicious or constitutes an abuse of process.

IT IS FURTHER ORDERED that the applicant shall serve a copy of this Order on all parties within seven (7) days from the date of this Order. This order expires one year after the final disposition of the case/judgment. If filed on appeal, the provisions of Rule 2:7-4 shall apply. Once the fee waiver has expired, the litigant is required to file another request for any further waiver of fees in this matter.

/s/ Douglas H. Hurd

DOUGLAS H. HURD, P.J. CV.

Office of the Mercer County Sheriff
Sheriff's Return of ServiceJOHN A. KEMLER
SHERIFF

MERCER COUNTY CIVIL COURT HOUSE
175 SOUTH BROAD STREET
P.O. Box 8068
TRENTON, NEW JERSEY 08650-0068
TELEPHONE: (609) 989-7666/6369
FAX: (609) 278-8041

21000037

UNDERSHERIFFS
PEDRO MEDINA
JASON SALVATORE
ROBERT JAMESASSISTANT TO THE SHERIFF
CATHLEEN G. GARTONCHIEF SHERIFF'S OFFICER
CHRISTOPHER KENYONCHIEF WARRANT OFFICER
BRIAN D. AMANTIA

PLAINTIFF EDWARD LOCKE
DEFENDANT JOSEPH WSZOULEK

COUNTY: MERCER
DOCKET # L-1276-20

I SERVED THE FOLLOWING PAPERS: SUMMONS & COMPLAINT, CASE INFORMATION STATEMENT ON THE WITHIN-NAMED DEFENDANT IN MERCER COUNTY, NEW JERSEY

SERVICE NAME	SERVED	NOT SERVED DATE/TIME	DATE	TIME	ADDRESS	SERVICE INFO
JOSEPH WSZOULEK IMPROPERLY PLEAD AS "JOE ZOLACK"	C		1/17/21	1145 AM	TRENTON STATE PRISON 600 CASS STREET TRENTON, NJ 08608	Fathom Borg litigation

STATE OF NEW JERSEY
COUNTY OF MERCER
I, JOHN A. KEMLER, SHERIFF
of said County do hereby
deputize and appoint

Sean Napierkowski
to be my deputy, to execute and
return the writ according to law.

Witness my hand and seal this

7 day of January,
A.D. 2021.

- * Type of Service
- A Personal Service
- B Household member over the age of 14 years, at usual place of abode
- (C) Served person authorized to accept service/Managing agent
- D Unable to locate, unknown at address given
- E Address Out of County
- F Avoiding service, made many attempts
- G Affixed
- H Certified Mail
- I Other

JOHN A. KEMLER
Sheriff (L.S.)

Sheriff's Fee \$24.75

JOHN A. KEMLER, SHERIFF, by

Sean Napierkowski
Special Deputy

SUMMONS

Attorney(s) Wronko Loewwen Benucci _____
Office Address 69 Grove Street _____
Town, State, Zip Code Somerville, NJ 08876 _____

Telephone Number 908-704-9200 _____

Attorney(s) for Plaintiff Michael Poreda _____

Edward Locke _____
Plaintiff(s)

vs.
Joseph Wszolek _____

Defendant(s)

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptclerklawref.pdf.

M Poreda Bar No. 025492010

for the Clerk of the Superior Court

DATED: December 22, 2020

Name of Defendant to Be Served: Joseph Wszolek, improperly plead as "Joe Zolack"

Address of Defendant to Be Served: Trenton State Prison, 600 Cass Street, Trenton, NJ 08608

Superior Court of New Jersey

Mercer County
Law Division
Docket No: MER-L-1276-20

CIVIL ACTION SUMMONS

Edward Locke
SBI 254057B
Northern State Prison
PO Box 2300
Newark, NJ 07114

Edward Locke,

Plaintiff,

vs.

Joe Zolack et al,

Defendants.

SUPERIOR COURT OF NEW JERSEY

**LAW DIVISION - CIVIL PART
MERCER COUNTY**

Docket No. MER-L-1276-20

Civil Action

SUBSTITUTION OF ATTORNEY

RECEIVED
NOV 23 2020
SUPERIOR COURT OF NEW JERSEY
MERCER VINCAGE CIVIL DIVISION

PLEASE TAKE NOTICE that *pro se* Plaintiff hereby appoints the following attorney as counsel of record:

Michael Poreda, Esq. (Bar ID 025492010)
Wronko Loewen Benucci
69 Grove Street
Somerville, NJ 08876
Phone: 908-704-9200
Fax: 908-704-9291
Email: poreda@poredalaw.com

Edward Locke

Edward Locke

Date: Sept 15, 2020

I, Michael Poreda, hereby agree to represent Plaintiff, Edward Locke

Date: 9-18-20

MP

Michael Poreda

Office of the Mercer County Sheriff Sheriff's Return of Service



20001982

UNDERSHERIFFS
PEDRO MEDINA
JASON SALVATORE
ROBERT JAMES

ASSISTANT TO THE SHERIFF
CATHLEEN G. GARTON

CHIEF SHERIFF'S OFFICER
CHRISTOPHER KENYON

CHIEF WARRANT OFFICER
BRIAN D. AMANTIA

JOHN A. KEMLER
SHERIFF

MERCER COUNTY CIVIL COURT HOUSE
175 SOUTH BROAD STREET
P.O. Box 8068
TRENTON, NEW JERSEY 08650-0068
TELEPHONE: (609) 989-7666/6369
FAX: (609) 278-8041

PLAINTIFF EDWARD LOCKE
DEFENDANT JOSEPH WSZOZEK

COUNTY: MERCER
DOCKET # L-1276-20

I SERVED THE FOLLOWING PAPERS: **SUMMONS & COMPLAINT, CASE INFORMATION STATEMENT** ON THE WITHIN-NAMED DEFENDANT IN MERCER COUNTY, NEW JERSEY

SERVICE NAME	SERVED	NOT SERVED DATE/TIME	DATE	TIME	ADDRESS	SERVICE INFO
JOSEPH WSZOZEK IMPROPERLY PLEAD AS "JOE ZOLACK"		D+I 8/27/20 1110 hrs.			TRENTON STATE PRISON 600 CASS STREET TRENTON, NJ 08608	

STATE OF NEW JERSEY
COUNTY OF MERCER
I, JOHN A. KEMLER, SHERIFF
of said County do hereby
deputize and appoint

Sean Napertawski
to be my deputy, to execute and
return the writ according to law.

Witness my hand and seal this

19 day of August
A.D. 2020.

- * Type of Service
- A Personal Service
- B Household member over the age of 14 years, at usual place of abode
- C Served person authorized to accept service/Managing agent
- (D) Unable to locate, unknown at address given
- E Address Out of County
- F Avoiding service, made many attempts
- G Affixed
- H Certified Mail
- (I) Other

Admin states no record of Joseph Wszolek at this location

JOHN A. KEMLER
Sheriff (L.S.)

JOHN A. KEMLER, SHERIFF, by

Sheriff's Fee \$0.00

Sean Napertawski
Special Deputy

SUMMONS

Attorney(s) Edward Locke, SBI 254057B

Office Address PO Box 2300

Town, State, Zip Code Newark, NJ 07114

Telephone Number _____

Attorney(s) for Plaintiff _____

Edward Locke

Plaintiff(s)

vs.

Joseph Wszolek

Defendant(s)

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.

Michael Fredu, Esq. for the Clerk of Court
Clerk of the Superior Court

DATED: 08/07/2020

Name of Defendant to Be Served: Joseph Wszolek, improperly plead as "Joe Zolack"

Address of Defendant to Be Served: Trenton State Prison, 600 Cass Street, Trenton, NJ 08608

MERCER COUNTY COURTHOUSE
CIVIL CASE MANAGEMENT OFFICE
175 SOUTH BROAD ST P O BOX 8068
TRENTON NJ 08650-0068

TRACK ASSIGNMENT NOTICE

COURT TELEPHONE NO. (609) 571-4200
COURT HOURS 8:30 AM - 4:30 PM

DATE: JULY 20, 2020
RE: LOCKE, 254057B/CIW-2 EDWARD VS ZOLACK JOE
DOCKET: MER L -001276 20

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 2.

DISCOVERY IS 300 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS
FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON WILLIAM X. ANKLOWITZ

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 020
AT: (609) 571-4200 EXT 74454.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A
CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING.
PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE
WITH R.4:5A-2.

ATTENTION:

EDWARD LOCKE, 254057B/CIW-2
168 FRONTAGE ROAD, P.O. BOX 2300
NEWARK NJ 07114

JUWHER1